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Testimony of
The Permanent Commission on the Status of Women
Before the
Public Health Committee
Monday, March 16, 2009

In Support of:

H.B. 6674, AAC Workforce Development and Improved Access to Health Care Services

H.B. 6678, AAC Revisions to Department of Public Health Licensing Statutes

Senator Harris, Representative Ritter and members of the committee, thank you for this opportunity to provide testimony on behalf of the Permanent Commission on the Status of Women (PCSW) and a coalition it convenes, the Young Women's Leadership Program (YWLP), which highlights the concerns of women ages 18-35.

H.B. 6678, AAC Revisions to Department of Public Health Licensing Statutes

PCSW strongly supports passage of section 9 of H.B. 6678, which would amend the Commission on Health Equity's statute to add "gender" as one of the areas to focus on when addressing health disparities.

In the last days of session last year, each and every legislator that took the floor to debate this bill talked about the impact of health disparities on women of color, however in the final language development "gender" was not identified as an area to highlight. PCSW sits on the Commission on Health Equity and received full support and permission to request this change in the statute, as it was viewed as an oversight when the language was adopted in the final hours of session.

PCSW is particularly concerned about gender, racial, and ethnic diversity in health care because there is a clear racial and ethnic disparity as African-American and Hispanic women are at a greater risk for certain diseases than White women. The extent of the problem with Asian populations is unknown due to lack of sufficient data. Therefore, it is extremely important that

gender be addressed, in addition to race, ethnicity, national origin and linguistic ability, when developing a plan to eliminate disparities in health status.

H.B. 6674, AAC Workforce Development and Improved Access to Health Care Services

PCSW and YWLP support passage of H.B. 6674, which would require the Department of Public Health, Higher Education, and Labor and several universities and colleges to develop an academic initiative that addresses the critical shortage of nursing and healthcare professionals in the state.

There is a need to address the critical shortage of nursing and healthcare professionals, which are predominately female. In doing so, we also encourage attention be paid to encouraging diversity in the field. We believe that the lack of diversity, including language barriers, impacts the quality of care for gender, racial and ethnic communities.

According to the Center for Women in Politics & Public Policy¹, Blacks and Hispanics make up more than 18% of the population, but represent less than 5% of doctors, 8% of dentists, and 8% or registered nurses are Black and Hispanic. Although females dominate in the registered nursing and diagnostic fields at 92% and 77% respectively, they represent only 25% of doctors.

When race is considered the numbers are even lower for women of color. Of the female healthcare workforce, women of color are 7% of doctors; 4% of dentists; 9 % of registered nurse, and 11% of diagnostic technicians. The only areas in which women of color are significantly represented are as LPNs at 21.7% and health aides at 33.9%.²

Inability to communicate with a health care provider means many patients and providers resort to using untrained staff, friends, or family members, including children. This can result in misdiagnosed or undiagnosed medical conditions, delayed or inappropriate care, medical mistakes, and higher costs for the entire system, as well as compromised quality of care with regard to confidentiality and dignified provision of services.³

An estimated 22,000 Medicaid recipients in Connecticut face an additional barrier to accessing health care due to limited English proficiency. ⁴Sixty-five different languages are spoken by low-income residents with limited English proficiency (LEP) in Connecticut. ⁵

¹ The Center for Women in Politics and Public Policy. *Spotlight on Connecticut, Gender and Race in CT*.

² Ibid

³ The CT Coalition for Medical Interpretation. *Medicaid-Reimbursed Medical Interpretation Fact Sheet*

⁴ Ibid

⁵ Ibid

A study published by the American Journal of Public Health found that patients who had access to culturally competent services such as access to an interpreter, had significant increases in the receipt of preventive services, physician visits, and prescription drugs, which suggests that culturally competent services enhanced these patients' access to primary and preventive care for a moderate increase in cost.⁶

We look forward to working with you on these important issues. Thank you for your consideration.

⁶ American Journal of Public Health. "Overcoming Language Barriers in Health Care: Costs and Benefits of Interpreter Services" May 2004.

